

DEP USE ONLY				
T.S. No.:				
Bank:				
Check No.:				
Amount:				
Date:				

Print or type unless otherwise noted. Retain a copy for your records.

You must present a Photo ID at the time of exam.

Part I: Applicant Information

1.	Name and Address of Applicant (must be over 18 years of age):						
	Name:	Date of B	sirth:				
	Mailing Address:						
	City/Town:	State:	Zip Code:				
	Phone:	ext.	Fax:				
	Company Business Registration Number: B						
2.	Name and Address of Company or Government Agency (if applicable):						
	Name:						
	Mailing Address:						
	City/Town:	State:	Zip Code:				
	Business Phone:	ext.	Fax:				
	E-mail Address:						
	Contact Person:						
Part II: Pest Control Activity							
1.	Check the appropriate box(es) identifying the (check all that apply):	ne Outdoor Pest	t Control activities to be covered by certification				
	Agricultural Pest Control – Aqua	atic Pest Control	l Arborist				
	☐ Demonstration & Research ☐ Forest	st Pest Control	☐ Golf Course Supt.				
	☐ Interior Plantscape ☐ Orna	mental & Turf	☐ Public Health				

(Continued on next page)

☐ Regulatory

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☐ Right of Way

Check the appropriate box(es) identifying the Industrial, Institutional and Structural Pest Control activities to be covered by certification (check all that apply):						
Bird	☐ Cooling Tower	General Pest	Mosquitoes & Biting Flies			
Rodent	□ ТВТ	☐ Termites & W.D.O.	☐ Wood Preservation			
☐ Fumigation	☐ Pipe	Soil	☐ Structural			
Part III: Fee Information (The fee for supervisory exams is waived for local, state, and federal government employees).						
Check the appropriate box(e	Check the appropriate box(es):					
☐ The examination fee for the Pesticide Supervisor's Certification is waived. I am employed by a local, state, or federal government agency.						
☐ The examination fee for the Pesticide Certification for Arborist only is \$25.00 (no governmental waiver).						
☐ The examination fee for the Pesticide Supervisor's Certification is \$100.00.						
Please make check or money order payable to the Department of Environmental Protection						
Part IV: Certification of Accuracy						
"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."						
Signature of Applicant		Date				
Name of Applicant		-				

Mail completed application and fee to: CENTRAL PERMIT PROCESSING UNIT DEPARTMENT OF ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127